

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/750,857
APPLICANT(S)

CLAIMS

	AS FILED		AFTER AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9			1			
10				1		
11				1		
12				1		
13				1		
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31				1		
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41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.			2			
TOTAL DEP.			28			
TOTAL CLAIMS			30			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		1						
52		1						
53		1						
54		1						
55		1						
56		2						
57		2						
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99								
100								
TOTAL IND.			2					
TOTAL DEP.			2					
TOTAL CLAIMS			30					